MONTANA BOARD OF REALTY REGULATION

P O BOX 200513 HELENA MT 59620-0513 406-444-2961

e-mail address: dlibsdrre@mt.gov web: www.realestate.mt.gov CONTINUING EDUCATION REPORTING FORM

No fees are required for filing continuing education prior to January 1, 2005.

The Board staff is here to assist you, however, as a licensee it is your responsibility to properly file your continuing education reporting form. No fees are due when filing your education reporting form prior to January 1, 2005. All applicable renewal fees apply when filing your renewal form.

INSTRUCTIONS

You can file online at www.discoveringmontana.com/dli/rre

- 1. Complete the education reporting form in its entirety. Incomplete forms will be returned and considered not received.
- 2. Education reporting forms are due to the Board of Realty Regulation office by December 31, 2004.
- 3. Failure to return the reporting form prior to January 1, 2005, will require the payment of \$200.00 late filing fee. **The late fee is non-refundable and <u>cannot</u> be waived**.
- 4. Education reporting forms will not be accepted after February 15, 2005.
- 5. Failure to return the completed education reporting form by February 15, 2005, is unprofessional conduct as stated in ARM 8.58.415A and ARM 8.58.419, and will result in disciplinary action by the board.
- *You may submit up to 6 hours of continuing education in addition to your rookie class, to be used as elective carry-over hours for 2004.

PLEASE FILL OUT PERSONALLY

- 1. Enter the number of approved mandatory real estate CE hours attended in 2004 (at least 4 hours):
- 2. Enter the number of approved elective real estate CE hours attended in 2004: (at least 8 hours):
- 3. Enter the total number of carry-over reported for last year (refer to your copy of last year's form. The **Board staff cannot supply this information** to you):
- 4. Total lines 1, 2 and 3:

Licensee Signature

- 5. Subtract 12 hours needed to satisfy this year's requirement:
- 6. Enter remainder on this line. This represents your carry-over to next year. These hours automatically convert to elective hours. (Cannot exceed 6 hours):

NAME AND ADDRESS OF AGENCY (if inactive, provide home information)

AGENCY PHONE NO.	AGENCY FAX NO.
E-MAIL ADDRESS	HOME PHONE NO.
I swear that the information given herein is true:	

Date: